



What Will You
Need to be
Successful?

Supported
Employment

Supported
Employment
Follow Along

Employment
Discovery and
Customization

DVR Services

Where Will Your
Road Lead?

EMPLOYMENT PATHWAY

Planning Your Road to Employment

Where do you want to go? Let's focus on your needs, interests, goals, and dreams. We want YOU to plan your path to the job you want. Work with your team to identify the resources you will need to make your career happen. Put your plan into motion!



Wyoming
Department
of Health
Commit to your health.

Behavioral
Health
Division

Wyoming Department
of Health, Behavioral
Health Division

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Frequently Asked Questions

Who should participate in this employment discovery discussion?

Any person receiving services on the waiver could benefit from this employment pathway planning packet. The purpose of the employment pathway packet is to start the discussion on employment interests with people to ensure they have the opportunity to explore employment options that meet their interests.

Who should complete this packet with the participant?

Providers of Employment Discovery and Customization, Prevocational Services, or other employment services who have completed a Division approved Supported Employment Certification program shall complete the employment pathway planning packet. Case managers DO NOT complete this packet.

When should the employment pathway packet be completed?

This packet must be completed when a provider requests the Employment Discovery and Customization services on a participants plan. The Division will allocate 100 units for the service at which time the employment service provider will then complete sections “Evaluate”, “Discovery”, “Developing a Plan of Action”, and “Employment Plan” of the employment pathway planning packet. Once these sections are completed and uploaded into EMWS, an additional 300 units for Employment Discovery and Customization services can be added to the plan through a modification. Within the plan year, the entire employment pathway packet shall be completed and uploaded to EMWS. The employment plan should be implemented and functional when all sections are completed. This packet CANNOT be completed in one interview. There are multiple steps involved that require planning, lengthy discussions with the participant and other people in his/her life, and engaging in workplace internships, visits, etc.

Can any participant on the waiver complete this packet?

Yes. This packet could be a useful tool for providers, family members, and teams to learn more about a participant. Hopefully, the employment pathway planning packet will lead participants to finding jobs or for those working, it may lead to more fulfilling work by exploring their interests, skills, and setting up new work experiences. Provider reimbursement for completion of this packet will only occur if the participant is receiving employment discovery and customization services as outlined in their plan of care and all other service provision rules are met.

What is timeline for completing the steps for Prevocational service?

For Prevocational Services, the employment pathway planning packet must be completed in order to receive a subsequent year of prevocational services. This employment pathway packet should be completed during the first year of prevocational service and uploaded to EMWS. The employment plan must be completed and steps implemented for prevocational services to be added the second year. This process must be repeated each year if prevocational services stay on a person’s plan. Each year of implementation should decrease the amount of prevocational services used.

Instructions: How to Complete this Packet

Section 1 Evaluate: Completing the Personal Profile

The “Evaluate” (personal profile) should be completed with the participant first. The profile helps you get to know the participant quickly and easily. It provides a positive focus on the participant’s strengths, interests, and skills. It will give life to the possibilities of employment.

Section 2 Discovery: Identifying Resources

The “Discovery” section should be completed during a team meeting that includes the participant. This will help the team identify all of the employment services and resources that need to be utilized for the participant to be successful in his or her employment pathway.

Section 3 Developing a Plan of Action

The “Developing a Plan of Action” section should be completed after the “Discovery” section is completed. This section will help the team list out potential places of employment that fit the strengths, interests, and skills of the participant and supports that will be needed for the participant to succeed.

Section 4 Employment Plan

Once the “Developing a Plan of Action” section is complete, the “Employment Plan” should be filled out to identify which pathway the participant is on, the employment actions, the outcomes, the person responsible for the action listed, and the date the action should be completed by.

Once all sections (*Evaluate, Discovery, Developing a Plan of Action, and Employment Plan*) are completed, the participant’s case manager will upload these sections into EMWS and request a modification to add an additional 300 units for “Employment Discovery and Customization.”

Section 5 Action Steps Completed

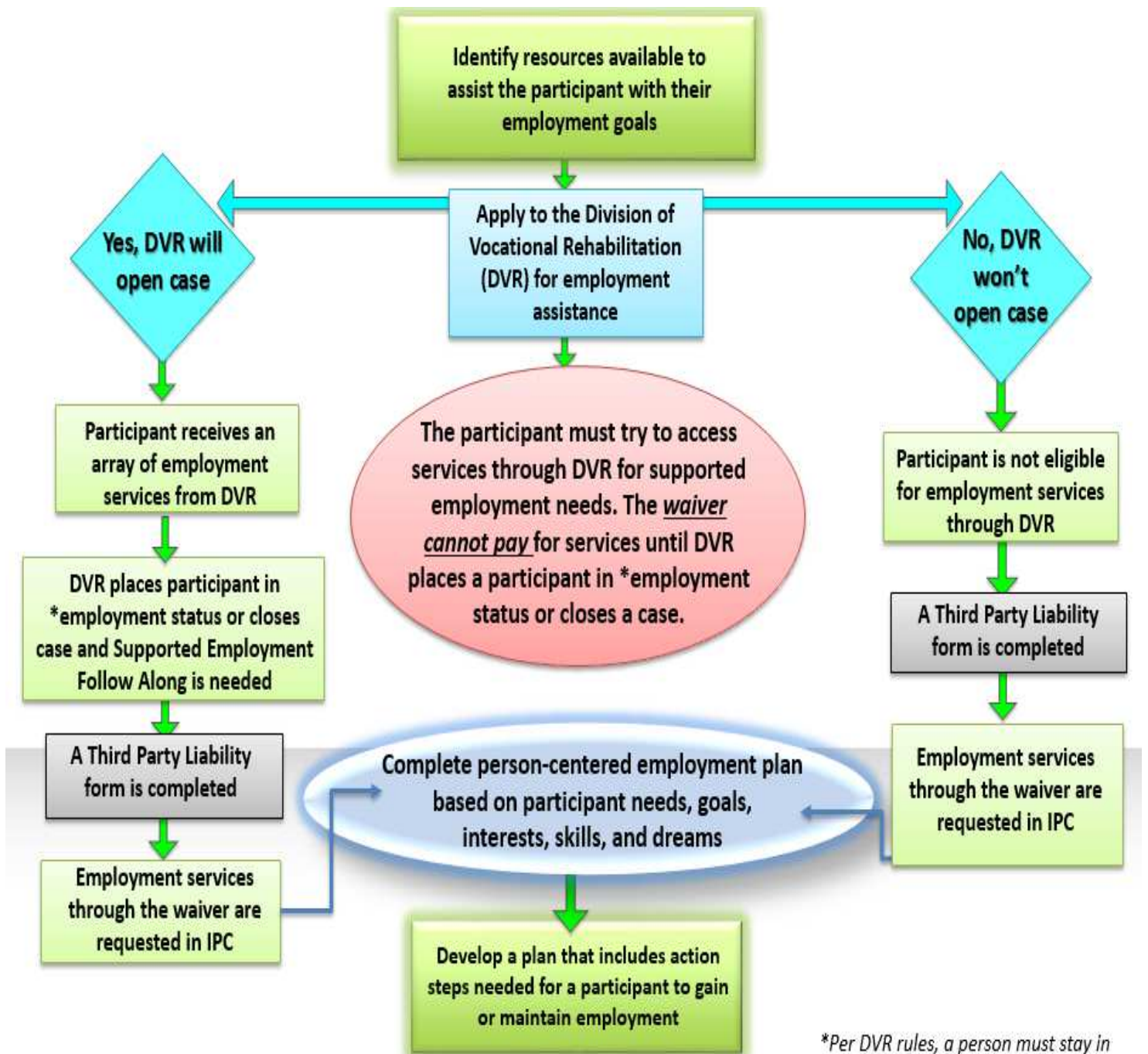
Once the 300 units for “Employment Discovery and Customization” have been allocated, the employment provider and team will then be completing the action steps identified in the plan. Documenting the action steps completed allows the team to track the progression of action steps that have been taken for the participant to achieve his or her desired employment goal.

This section should be completed 30 days from implementation of the employment plan.

Section 6 Action Plan Review

The plan review should occur no later than 3 months after implementation of the employment plan. The team should meet and evaluate the plan and refine the plan as needed for the participant to achieve his or her employment goal.

Working with DVR Flow Chart



**Per DVR rules, a person must stay in employment status for 90 days before they will close case.*

My Person-Centered Planning Tool

Participant Name

Date

This planning tool is a discovery tool that is used to guide the person centered planning process and assist in the development of a participant's employment plan.

Who is in my team?

ROLE	NAME	PHONE/EMAIL	AGENCY
Participant			
Guardian			
Family			
Family			
Friends			
Case Manager			
Employment Specialist			
Direct Care Staff			
Direct Care Staff			
Other:			
Other:			

Section 1 - Evaluate: My Personal Profile

If you want to find satisfying work, you must start with yourself. By answering the questions below, you will develop a personal profile that summarizes your interests, strengths, preferences, and dreams.

General Info / Life information affecting employment *(paint a general picture of your life)*

1. *Background information? What do I want you to know about me?*
2. *Family or other key relationships?*
3. *Where do I live? Who do I live with?*
4. *Community involvement?*

Personal Employment Profile *(What is important to the participant?)*

5. *What is my dream job?*
6. *What are the things about my dream job that interest me?*
7. *What is important to me in a job?*
8. *What kind of tasks do I want in a job?*

9. *What motivates me to work? (money, meeting people, making friends, working for a cause, using my talents and abilities, independence, etc.)*

Interests *(include information about how this was learned/discovered):*

10. *What interests me?*
11. *What do other people say I enjoy doing?*
12. *What things do I like or do that I could turn into a business of my own?*

Vocational skills

13. *What am I good at?*
14. *What skills do I have?*
15. *What kind of things do I regularly do?*

Job tasks based on skills and interests *(i.e. answer a phone, take a message, drive a car)*

16. *What tasks can I do now based on the skills I have?*

Desired employment considerations and rationale for each *(i.e. A.M. employment due to transportation, evening hours due to medicines, non-smoking environment due to asthma, modified work station due to wheelchair, no work on Sundays due to involvement in church.)*

17. *What kind of work environment do I want? (lighting, noise, pace of business, location, size, etc.)*
18. *What do I need to look for in culture of the workplace? (people/personalities, quality versus quantity, tight or loose on method of how work is done, outgoing, quiet, etc.)*

19. *Preferences – What would I like to have in place? What are my deal breakers – my non-negotiable characteristics that must be accounted for? (Explain these characteristics: e.g. I am not going to be able to work after 7:00 pm due to taking my medication at this time and the medication makes me very drowsy)*

20. *What kind of tasks do I NOT want to do in a job? (E.g., sit or stand for a long time, pick up trash, etc.)*

Learning styles / teaching tools (e.g. visual learner, picture book, one on one, cues)

21. *How do I learn best?*

Ideal number of hours per workweek for me and how this was determined?

22. *What are the number of work hours I want to work?*

23. *How was this decision was made?*

Employment, volunteer, school transition history *(Include in this section any paid work, volunteer jobs, school transition jobs, or other work experiences.*

24. *List the tasks, hours, environment, people, and employer with each experience. If you have NO past work experience, list the tasks or chores done on a routine basis).*

Experience 1

Experience 2

Experience 3

Experience 4

Experience 5

25. *What jobs worked well and why? (What was it about this experience(s) that worked well?)*

26. *Describe what jobs have NOT worked well and WHY these jobs did not work for you.*

You have now completed the personal profile for your employment plan.

The next section identifies the resources you will need to obtain or continue with the phase of the employment pathway you are in now.



Participant Name

Date

Section 2 - Discovery: Resources

27. *Job opportunities based on my skills, strengths, interests, and work history.*

-
-
-
-
-

28. *Who is in my circle of supports?*

29. *What type of supports do I need or will I need? (Job coach, specific accommodations, adaptive equipment, transportation, supported employment, supported employment follow along, prevocational training, job shadowing, etc.)*

30. *Will I need to know about work incentives once I become employed or self-employed? If so, which work incentives may apply to my work situation?*

31. *What are obstacles or barriers that I may encounter?*

32. *What ways can I overcome my obstacles or barriers?*

On-the-Job Supports (role of Employment Specialist, natural supports, training supports – how typical people who train will be involved, other supports)

33. Explain what type of supports are needed or will be expected at the job site (examples: facilitating relationships, following natural prompts to tell time, working with small group of consistent co-workers, initial instruction using the time clock, etc.)

Other Support Services

34. List here any support services I have or will need that relate to my being successful at work (residential services, case manager, PT appointment every other week, Therapist appointment every Wednesday, etc.)
35. Will I need an accommodation? Describe what may be needed and who may be able to help figure out the details.

Potential Funding/Resources for Employment Services and Supports

SOURCE	Need	Receiving?	If Not, Was it Pursued?	Date of Contact	Outcome
Division of Vocational Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Waiver Services: Prevocational Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Waiver Services: Supported Employment (Individual and Group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Waiver Services: Supported Employment Follow Along (SEFA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

You have now identified the resources you will need to obtain or to continue the phase of the employment pathway you are in now.

The next section creates the building blocks for your employment plan.

Section 3 - Developing a Plan of Action

Job Possibilities – based on identified skills/interests & tasks. List name of business and type of work. *This list will come from a job-planning team meeting. (Who, what, when, where, and how will these be achieved) This is my starting place for job development.*

36. *List potential places of employment by name (and contact person if identified) that have need of the skills/tasks I have to offer and that fit the preferred characteristics of a job.*

- i.
- ii.
- iii.
- iv.
- v.

37. *List the tasks I will be looking for within that company.*

- Job 1.
- Job 2.
- Job 3.
- Job 4.
- Job 5.

38. *List self-employment options I have based on my skills and interests (if applicable).*

Business option 1:

Business option 2:

Business option 3:

Representational Considerations *(Include role of Employment Specialist, case manager, guardian, family members, and other supports in job development. This is the area to address the plan for job development—who will make employer contacts; how will disability info be addressed, etc.)*

39. *How will I be represented?*

40. *Discuss how my disability is going to be addressed to potential employers - what can I say and how will I ask for an accommodation if I need one?*

41. *How will I describe the impact of disability in functional terms? Rather than saying, “I have Autism,” how will I describe the specific characteristics and how they relate to work?*

42. *Will I need support developing relationships and interacting with my co-worker, supervisors, and/or customers?*

43. *Will I need support on how to seek out assistance from my employer, supervisor, co-worker, etc.?*

44. *What support will I need for completion of work related tasks at an acceptable pace established by my employer?*
45. *What support will I need to ensure that my work is produced at the quality level my employer expects?*
46. *Plan for fading (plan for me to be independent on the job site.)*
a. *Identify needed natural supports (people, prompts, orientation, etc.)*
b. *Identify the employment specialists initial role on the job site*
47. *Plan for sharing my learning style, suggested teaching techniques, optimal methods of communicating information, etc.*
a. *Will I need support learning and using the skills required on the job?*
48. *Other Important Information (individualized)*
a. *Describe any other necessary information here that I did not feel was appropriate to place anywhere else. (Examples: criminal background, safety concerns, unique aspects of me that was not listed previously, etc.)*

You have now completed the building blocks for your employment action plan.

Proceed to the next section to develop your employment plan and outline the action steps that will be taken to enter competitive employment from where you are in your employment pathway.

Section 4 - Employment Plan

Participant Name _____

Date _____

(Check all that apply)

This employment action plan enhances: ☐ Independence ☐ Skill Development ☐ Integration ☐ Productivity

<u>Path to Employment</u>		<u>Desired Outcome(s)</u>	
Measurable Steps to Reach Desired Outcomes	Person responsible for action	Date Due	Notes
1.			
2.			
3.			
4.			
5.			



Now that you have developed an employment plan, it is time for implementation. You will begin meeting the goals outlined in your plan to enter gainful and meaningful employment. Employment providers will now have the participant's case manager upload sections (*Evaluate, Discovery, Developing a Plan of Action, and Employment Plan*) into EMWS and then complete a plan modification to request an additional 300 units for Employment Discovery and Customization.



Section 5 - Action Steps Completed

List the employers or agencies you contacted, the date of contact, and the outcome of your contact.

1. Date of Contact: _____ Method of Contact: (*phone, in person, mail*) _____
Employer: _____
Contact Made By: _____
Outcome of Contact: _____
2. Date of Contact: _____ Method of Contact: (*phone, in person, mail*) _____
Employer: _____
Contact Made By: _____
Outcome of Contact: _____
3. Date of Contact: _____ Method of Contact: (*phone, in person, mail*) _____
Employer: _____
Contact Made By: _____
Outcome of Contact: _____

Other Action Steps Completed:

1. Action: _____
Date: _____ Who Completed Action: _____
Outcome of Action: _____

2. Action: _____
Date: _____ Who Completed Action: _____
Outcome of Action: _____

3. Action: _____
Date: _____ Who Completed Action: _____
Outcome of Action: _____



Participant Name

Date

Section 6 - Action Plan Review

Team Members Involved in this Review:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Date of Next Review:

(This should occur every 3 months to measure progress towards employment)

The action plan review is a tool designed to:

- 1) Recognize accomplishments, 2) Track actions, 3) Measure impact,*
- 4) Evaluate the plan, 5) Determine next steps.*

Action	Date Action Taken	Outcome	Next Steps

Sample Plans with Questions and Outcomes

Section 7 - Sample Action Plans with Questions and Outcomes

Purpose: This guide is to assist participants, employment specialists, families, teams, and others on how to facilitate and implement a person-centered employment plan.

There are four pathways to employment that a team will work around; recognizing that being employed is the first consideration. By asking the employment questions listed and others that the team develops, the team can better understand what path a participant wants to take and set short-term and long-term goals accordingly.

Pathway to Employment	Sample Employment Questions	Employment Action	Person responsible for action	Action Date
Sample 1 I am currently in a job or career	<ol style="list-style-type: none"> Are you making enough money to meet your living expenses? What do you like about the job you have now? What do you not like about the job you have now? Do you want to try something new where you are currently working? Do you want to learn about different jobs? 	<ol style="list-style-type: none"> Create or update my resume. Seek out new job opportunities in the field of interest. 		

Pathway to Employment	Sample Employment Questions	Employment Action	Person responsible for action	Action Date
Sample 2 I am unemployed or underemployed and want a job or self-employment this year	<ol style="list-style-type: none"> 1. How much money will you need to make to meet your living expenses? 2. How much money will you need to buy things you want? 3. Do you want to try a different type of job? 4. If you could have any job, what would it be? 5. What interests you about your dream job? 6. Are there jobs that you don't want to do? 7. Is there anything that worries you about getting a job? 	<ol style="list-style-type: none"> 1. Job coach assistance. 2. Supported employment 3. Supported employment follow along. 		
Sample 3 I want to be employed or self-employed in two years	<ol style="list-style-type: none"> 1. Do you want to learn a new skill 2. Do you want to learn about new jobs? 3. What is your greatest fear when you think about working? 4. What motivates you? 	<ol style="list-style-type: none"> 1. Set up prevocational services. 		

Pathway to Employment	Future Employment Discussion Questions	Employment Action	Person responsible for action	Action Date
Sample 4 I am not focused on employment right now	<ol style="list-style-type: none"> 1. Have you ever volunteered in the community? 2. What did you like best? 3. What did you not like about it? 4. When you are out in the community, are there jobs you see people doing that you would like to know more about? 5. If you had extra money, what would you like to buy? 	<ol style="list-style-type: none"> 1. Re-evaluate in 3 months 		

Section 8 - Social Security Work Incentives

Terms:

- o Substantial Gainful Activity (SGA) for a non-blind individual = \$1070.
- o Substantial Gainful Activity (SGA) for a blind individual = \$1800.
- o Trial Work Period Amount (TWP Amount) = \$770.
- o Social Security Disability Insurance (SSDI).
- o Supplemental Security Income (SSI).

Income and SSI:

If you receive SSI and plan to work, the income you earn will reduce the amount of your monthly SSI benefit. There are special programs known as “work incentives.” These programs allow a person receiving SSI to work and continue to receive all or part of their disability payments as well as maintain eligibility for Medicare and/or Medicaid.

Work Incentives for SSDI Only:

TRIAL WORK PERIOD (TWP)

The Trial Work Period allows you to test your ability to work by providing a period of 9 months of gross earnings during which your SSDI check is not affected. A month does not count towards your trial work period unless your gross earnings meet or exceed an amount set each year by SSA. In 2014, the TWP amount is \$770. During your trial work period, you will receive your full disability benefit regardless of how much you earn. You must report your work activity to SSA and continue to have a disabling impairment. The 9 months does not need to be consecutive, they are counted within a five-year period. Certain other rules apply. Medicare coverage will continue for 93 months after the last month of the TWP.

EXTENDED PERIOD OF ELIGIBILITY (EPE)

The Extended Period of Eligibility begins after you have completed your trial work period and have gross earnings at or above the SGA level. The EPE lasts for 36 months and allows you to receive your SSDI check in any month that your earnings fall below SGA. If work is discontinued during the EPE, you only need to contact SSA and ask for a reinstatement of benefits. You must continue to have a disabling impairment.

SUBSIDY OR SPECIAL CONDITIONS

A subsidy is defined as the value of extra support a person receives on the job. The subsidy is provided by the employer and the worker must earn the same pay as other workers doing the same job. Examples include a job coach, mentor, extra supervision, or a reduced workload. The employer determines the value of the subsidy. Special conditions apply when the individual is not fully earning his or her wages because the work is performed under special conditions such as on the job coaching or substitution in which the job coach performs part or all of the individual’s job duties. SSA will deduct the wages that are not considered “earned” by the individual.

Examples of subsidies:

- You receive more supervision than other workers who are doing the same or a similar job for the same pay.
- You have fewer or simpler tasks to complete than other workers who are doing the same job for the same pay.
- Job coach assistance

Examples of special conditions:

- You receive close and continuous supervision
- You receive on the job coaching and the job coach performs part or all of your tasks

Work Incentives for SSI Only:

INCOME EXCLUSION

All SSI recipients receive a \$20 general income exclusion. If SSI is the person's only income prior to working, he or she also gets an earned income exclusion of \$65. After deducting the \$85 in exclusions from your earned income, SSA then only considers half of your remaining earnings.

Example:

John is receiving \$721 in SSI each month. He returns to work and earns \$500 in gross monthly earnings. Because John was only receiving SSI prior to working, he receives both income exclusions: \$500 (*Earnings*) minus \$85 (*Exclusions*) = \$415. SSA only counts half of the remaining earnings: \$415 (*Considered earnings after exclusions*) divided by 2 = \$207.50. SSA will only count \$207.50 of John's total earnings. His SSI check will be reduced by \$207.50. His new SSI amount will be \$513.50 ($\$721 - \$207.50 = \513.50). John's total monthly income now is \$500 (*earnings*) plus \$513.50 (*SSI benefit*) = \$1013.50. John continues to receive Medicaid because his SSI benefit is at least \$1.

FEDERAL 1619(B)

Section 1619(b) allows a person who is receiving SSI and working to continue to receive Medicaid at no cost, even when their earnings reduce their SSI benefit to \$0. There are earnings threshold requirements. In 2014, for Wyoming, the threshold amount is \$36,447. A person who meets the requirements of 1619(b) will receive full medical coverage under Medicaid.

To qualify:

- A person must have been eligible for an SSI cash payment for at least one month prior to accessing 1619(b).
- SSI benefit must have been reduced because of earnings.
- Must continue to meet SSA disability requirements.
- Continue to meet resource requirements for SSI.
- Need the medical assistance to work.
- Have gross earned income that is insufficient to replace the cost of medical assistance needed.

PLAN TO ACHIEVE SELF SUPPORT (PASS)

A plan to achieve self-support allows you to set aside income or assets of a set amount of money for an established period of time towards a specific employment or vocational goal. Funds can be used for education, equipment, or starting a business, etc. Goals must generally be obtainable within three years, but some exceptions are possible. Funds must be used for a designated purpose or a person could be in overpayment and have to pay back to SSA. A PASS plan can help a person achieve their work or vocational goal. Your goal should be a job that allows you to earn enough to reduce or eliminate your need for benefits provided under the Social Security and Supplemental Security Income programs. SSA does not count the money or resources you set aside under an approved PASS when they decide your initial or continuing eligibility for SSI. Having a PASS may help you qualify for SSI or may increase the amount of your SSI payment.

PROPERTY ESSENTIAL TO SELF-SUPPORT (PESS)

For SSI – SSA does not count some resources that are essential to your means of self-support when they decide if you are eligible for SSI. For example, they do not count property such as tools or equipment that you use for work. If you have a trade or business, they do not count property such as inventory. A person must be using the property that SSA is excluding under PESS, or be expected to start using it in a reasonable amount of time, typically within 12 months.

EMPLOYED INDIVIDUALS WITH DISABILITIES PROGRAM (EID)

The EID program provides work incentives for individuals with disabilities. Individuals with disabilities who work and have no health-care coverage, or who may lose their Medicaid coverage, should apply if they; obtain employment, increase their work hours, or increase their rate of pay. People with disabilities who work will pay a monthly premium to receive Medicaid health-care coverage. The premium is (7.5%) of their earned monthly income and their unearned yearly income, that is in excess of \$600.

You may be eligible if you:

- Are employed
- Have a disability based on Social Security Administration guidelines
- Are a U.S. citizen or lawful permanent resident who has lived in the U.S. for at least five years
- A Wyoming resident
- Are 16 through 65 years of age
- Meet income guidelines (earned income is exempt)

Benefits of the EID program:

- You will have Medicaid health-care coverage
- You can work in the community
- You can earn and save more money without the risk of losing health-care coverage

Work Incentives for SSDI and SSI:

IMPAIRMENT RELATED WORK EXPENSE (IRWE)

This work incentive applies to both SSI and SSDI at different times. An IRWE is an out of pocket cost that a person must pay that 1) is related to their disability and 2) is needed in order for them to work. The out of pocket costs reduce the income that SSA counts. Receipts must be sent into SSA monthly.

Examples of an IRWE:

- Cost of taxis or drivers needed to travel to work because your disability prevents use of public transportation
- Modified vehicles needed because of disability, e.g. special steering/braking equipment
- Ramps, railings, or other modifications to the outside of your home that allow you to leave and go to work
- Routine medication costs that help keep your disability related symptoms under control

Section 9 - SSDI Trial Work Period (TWP) Tracking Chart

You are allowed 9 TWP Months in a rolling 60 month period

2014 Amount TWP= \$770 SGA=\$1070

[illegible]

Notes

[illegible]